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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/971,884
Filing Date	October 5, 2001
First Named Inventor	John Murphy
Art Unit	1648
Examiner Name	U. Winkler
Attorney Docket Number	BOSTU 3.0-002 DIV

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 000530

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The basis for the request for withdrawal is that the assignee has failed to pay one or more bills rendered by the undersigned practitioner for an unreasonable period of time (37 C.F.R. 10.40(c)(1)(vi)).

The undersigned counsel's bills dated December 18, 2001, May 31, 2002, June 20, 2002, January 27, 2003, February 28, 2003, March 27, 2003, April 30, 2003, June 12, 2003 August 8, 2003 and November 30, 2003 remain outstanding.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:

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☒ Firm or Individual Name Dr. John Murphy, Boston Medical Center Corporation

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9308, on the date shown below.

Dated: April 19, 2004

Signature: Shawn P. Foley (Shawn P. Foley)